

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼**Example: If typing, type  
over the lines

Graves for Congress

ADDRESS (number and street)  
▼

2345 Grand, Suite 2400

☐Check if different  
than previously  
reported. (ACC)

Kansas City

MO

64108

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00359034

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

MO

6

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jean Paul Bradshaw

Signature of Treasurer

Electronically Filed by Jean Paul Bradshaw

Date

04

21

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 5

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	128353.00	592345.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128353.00	592345.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	80293.18	383657.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	5872.54	133070.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	74420.64	250587.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	405192.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2644.65	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Graves for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

40180.00

272372.00

(ii) Unitemized.....

8585.00

8585.00

(iii) TOTAL of contributions

48765.00

280957.00

from individuals..... ▶

588.00

963.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

79000.00

310425.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

128353.00

592345.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

5872.54

133070.43

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

19.35

115.96

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

134244.89

725531.39

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80293.18	383657.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	59315.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	80293.18	442972.51

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	351240.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	134244.89
25. SUBTOTAL (add Line 23 and Line 24).....	485485.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80293.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	405192.63

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Sam Graves		<b>Candidate ID Number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0MO06073</div>
<b>Name of Principal Campaign Committee</b> Graves for Congress		<b>Committee ID Number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00359034</div>
<b>Committee Address</b> 2345 Grand, Suite 2400		
<b>City</b> Kansas City	<b>State</b> MO	<b>ZIP</b> 64108-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">583454.18</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">142077.21</div>
2. Aggregate amount of contributions from personal funds of the candidate .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
3. Gross receipts minus the candidate's personal contributions .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">583454.18</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">142077.21</div>

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bayer Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1275 Pennsylvania Ave., NW Suite 801		<b>Transaction ID:</b> 60421.C6841
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Print PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 100 Daingerfield Rd.		<b>Transaction ID:</b> 60421.C6809
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) National Cattlemens Beef Assn. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 1301 Pennsylvania Ave., NW suite 30		<b>Transaction ID:</b> 60421.C6575
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Union Pacific Fund for Effective Govern

Mailing Address 600 Thirteenth Street, NW  
Suite 340

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6594

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Beef-PAC

Mailing Address 5501 I-40 West

City State Zip Code  
Amarillo TX 79106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 5

Transaction ID: 60421.C6565

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Council of Farmer Co-Op PAC

Mailing Address 50 F Street NW  
Suite 900

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6806

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 105

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)  
**A.** American Crystal Sugar Company PAC

Mailing Address 101 North Third Street

City	State	Zip Code
Moorhead	MN	56560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
1 2		2 1		2 0 0 5

Transaction ID: 60421.C6820

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B.** Boeing PAC

Mailing Address 1200 Wilson Blvd.

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
1 1		1 1		2 0 0 5

Transaction ID: 60421.C6595

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C.** American Council of Engineers Co.s PAC

Mailing Address 1015 15th Street NW  
Suite 802

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
1 2		2 1		2 0 0 5

Transaction ID: 60421.C6819

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 105

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) National Beer Wholesalers Assoc. Mailing Address 1100 S. Washington Street City State Zip Code Alexandria VA 22314-4494 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">5000.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              1 2 / 2 1 / 2 0 0 5           </div> <b>Transaction ID:</b> 60421.C6805 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Credit Union Legislative Action Council Mailing Address 601 Pennsylvania Ave, NW (CULAC) City State Zip Code Washington DC 20005-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">5000.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              1 2 / 3 0 / 2 0 0 5           </div> <b>Transaction ID:</b> 60421.C6870 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Credit Union Legislative Action Council Mailing Address 601 Pennsylvania Ave, NW (CULAC) City State Zip Code Washington DC 20005-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">5500.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              1 2 / 3 0 / 2 0 0 5           </div> <b>Transaction ID:</b> 60421.C6869 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**3500.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** American Health Care Assoc. PAC

Mailing Address 1201 L Street, N.W.

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6781

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Deloitte & Touche Federal PAC

Mailing Address P. O. Box 365

City State Zip Code  
 Washington DC 20044-0365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6599

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** ACRE Action Committee For Rural Electri

Mailing Address 4301 Wilson Boulevard

City State Zip Code  
 Arlington VA 22203-1860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 5

Transaction ID: 60421.C6572

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Ameren Fed PAC

Mailing Address 101 Constitution Ave., NW  
Suite 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6844

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Ameren Fed PAC

Mailing Address 101 Constitution Ave., NW  
Suite 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6843

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** BNSF Rail PAC

Mailing Address 700 13th St., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6578

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Federal Express PAC

Mailing Address 942 S. Shady Grove Road

City State Zip Code  
 Memphis TN 38120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6848

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Aircraft Owners & Pilots Assn. PAC

Mailing Address 421 Aviation Way

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6577

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Aircraft Owners & Pilots Assn. PAC

Mailing Address 421 Aviation Way

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6821

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** RJR Political Action Committee

Mailing Address 1201 F St. NW  
Suite 1000

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6593

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Pfizer PAC

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6854

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Electrical Construction PAC

Mailing Address 3 Bethesda, Suite 1100

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6583

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** American Bankers Association PAC

Mailing Address 1120 Connecticut Ave. N.W.

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6596

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** American Bankers Association PAC

Mailing Address 1120 Connecticut Ave. N.W.

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6597

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave. NW

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6830

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Power PAC

Mailing Address 701 Pennsylvania Ave. N.W.

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6780

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Anheuser-Busch Political Action Committee

Mailing Address 1401 Street NW, Suite 200

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6845

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Anheuser-Busch Political Action Committee

Mailing Address 1401 Street NW, Suite 200

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6846

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Indoor Tanning Association, Inc. PAC

Mailing Address PO Box 4001

City State Zip Code  
Jackson MI 49204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6833

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Lumber Dealers Political Action Committee

Mailing Address 40 Ivy St SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6801

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

John Deere Political Action Committee

Mailing Address One John Deere Place

City State Zip Code  
Moline IL 61265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6590

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Land OLakes PAC Mailing Address P. O. Box 64101 City State Zip Code Saint Paul MN 55164 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6799 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Mike R Fund Mailing Address P. O. Box 65796 City State Zip Code Washington DC 20035 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6837 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) DTAG PAC Mailing Address 5330 E 31st St City State Zip Code Tulsa OK 74135 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6826 Amount of Each Receipt this Period 3500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

**7000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)  
Democracy Believers Political Action Com

Mailing Address 1155 21st Street, N. W.

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6600

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of K.C. Fed PAC

Mailing Address P.O. Box 419169

City State Zip Code  
Kansas City MO 64141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6728

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Hardwood Federation PAC

Mailing Address P.O. Box 34518

City State Zip Code  
Memphis TN 38184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6603

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Air Pac Mailing Address 1301 Pennsylvania Ave., Suite 1100 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6779 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) National Air Transportation PAC Mailing Address 4226 King St. City Alexandria State VA Zip Code 22302 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6607 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Biotechnology Industry Organization Mailing Address 1625 K St. NW, Suite 1100 City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6598 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Growth and Prosperity PAC

Mailing Address 1155 21st St, NW, Suite 300

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6831

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

General Motors Corporation PAC

Mailing Address 1660 L Street, NW Suite 400

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6585

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Rice Federation PAC

Mailing Address 4301 North Fairfax Dr., Ste 305

City State Zip Code  
 Arlington VA 22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 5

Transaction ID: 60421.C6568

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Bryan Cave LLP Political Fund

Mailing Address 700 13th St, NW, Ste 700

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 0 5

Transaction ID: 60421.C6573

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Bryan Cave LLP Political Fund

Mailing Address 700 13th St, NW, Ste 700

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6579

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Daimler Chrysler Corporation PAC

Mailing Address 1000 Chrysler Drive

City State Zip Code  
 Auburn Hills MI 48326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6580

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
 Internation Asson. of Fire Fighiters PAC  
 Mailing Address 1750 New York Ave, NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6588

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Internation Asson. of Fire Fighiters PAC  
 Mailing Address 1750 New York Ave, NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6851

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Match Pac  
 Mailing Address 7300 Beaufont Springs Dr

City State Zip Code  
 Richmond VA 23225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6591

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 105

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** JM Family PAC

Mailing Address 111 Jim Moran Boulevard

City State Zip Code  
 Deerfield Beach FL 33442

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6604

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Clear Channel Communications PAC

Mailing Address 1401 I Street NW Suite 401

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6789

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Acpa Pac

Mailing Address 5420 Old Orchard Rd  
Suite A100

City State Zip Code  
 Skokie IL 60077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6818

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

79000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Stanley K. Griffin

Mailing Address No. 1 Whispering Woods Lane  
P. O. Box 232

City State Zip Code  
Rock Port MO 64482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Griffin Farms

Occupation  
Farm Manager

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6617

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Karl E. Sigler

Mailing Address 32813 E. Oak Hill School Road

City State Zip Code  
Oak Grove MO 64075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Enterprise Interiors Inc.

Occupation  
Corp. President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6862

Amount of Each Receipt this Period

1100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Robert G. Bolin, Jr.

Mailing Address 3955 Riverside Terrace

City State Zip Code  
Saint Joseph MO 64507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bolin Auto & Truck Parts

Occupation  
Sales

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6759

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Marilyn, A. Shaum

Mailing Address 1100 Elm Street

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6610

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Woodrow Kline

Mailing Address 1910 Lakeview Dr.

City State Zip Code  
Chillicothe MO 64601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Woodys Dodge Jeep Eagle

Occupation  
Salesman

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6688

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Jimmie D. Carter

Mailing Address 3301 N. Belt Hwy.  
3302 E. Devonshire

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Camolaur, Inc.

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6788

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Gregory L. Henson

Mailing Address 2513 SW Still Meadows Lane

City State Zip Code  
 Blue Springs MO 64015-5261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Tanning Supply

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6832

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Joseph A. Kneib

Mailing Address 26665 W. 103rd Street

City State Zip Code  
 Olathe KS 66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herzog Contracting Corpor-  
ation

Occupation  
Vice-President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 5

Transaction ID: 60421.C6567

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Michael W. Wilson

Mailing Address 1018 NW Clinton County Line Road

City State Zip Code  
 Smithville MO 64089-8215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Secure Pharmacy Plus

Occupation  
Pharmacist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6723

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Joseph A. Lovenduski

Mailing Address 23747 Hwy P.

City State Zip Code  
 Brookfield MO 64628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self Employed

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6692

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Harvey Tettlebaum

Mailing Address 56295 Little Moniteau Rd.

City State Zip Code  
 California MO 65018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Husch Eppenberger

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6864

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Sandra Karns Roberts

Mailing Address 3119 La Ronda Place, NE

City State Zip Code  
 Albuquerque NM 87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6811

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hal R. Sinclair  
Mailing Address 8609 N. Shannon Ave.

City State Zip Code  
Kansas City MO 64153-1777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Scientific, Inc.

Occupation  
Veterinary

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6632

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tom Broderick  
Mailing Address 6841 N. Highway 33

City State Zip Code  
Plattsburg MO 64477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6651

Amount of Each Receipt this Period

42.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Norman J. , Jr. Jester  
Mailing Address 5820 NW 96th Dr

City State Zip Code  
Pompano Beach FL 33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hercog Transit Service

Occupation  
Executive

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6608

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2192.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) D. P. Coleman Mailing Address 7902 NW Scenic Dr. City State Zip Code Kansas City MO 64152-1645 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Coleman Industrial Constn Occupation Railroad Contractor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6824 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Harry Broermann Mailing Address 13833 M Ave. City State Zip Code Tarkio MO 64491 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Farmer & Historian Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 242.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6730 Amount of Each Receipt this Period 42.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Carole C. Coots Mailing Address 2104 Fourth St City State Zip Code Platte City MO 64079 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Wells Bank of Platte City Occupation Banker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6652 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

642.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Edith Lee Mailing Address 1300 NW 43rd Ter. City State Zip Code Kansas City MO 64116-1689 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker Homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6743 Amount of Each Receipt this Period 100.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) R. Philip Acuff Mailing Address 3015 Miller Rd City State Zip Code Saint Joseph MO 64506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Retired Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6570 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Tom B. Kretsinger, Sr. Mailing Address P. O. Box 516 City State Zip Code Liberty MO 64069 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation American Central Transport, Inc. President Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 60421.C6858 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerald Gorman  
Mailing Address 917 E. Vivion Road

City State Zip Code  
Kansas City MO 64118

FEC ID number of contributing federal political committee.

C

Name of Employer  
Slagel, BernardOccupation  
Lawyer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6850

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Larry Hamann  
Mailing Address 512 Macon

City State Zip Code  
Brookfield MO 64628

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6672

Amount of Each Receipt this Period

50.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Ericks  
Mailing Address 5005 Glenrose

City State Zip Code  
Miccosukee Cpo FL 32309

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Governmental Consultant

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6601

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Gunderson  
Mailing Address 20789 County Rd. 306

City State Zip Code  
Saint Joseph MO 64505-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Scientific, Inc.

Occupation  
Vice President, Regulatory Af

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6670

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Victor Hurlbert  
Mailing Address 9701 N. Kenwood Ct.

City State Zip Code  
Kansas City MO 64155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clay County, Missouri

Occupation  
Auditor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6684

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Holton  
Mailing Address 13900 NW 72nd Street

City State Zip Code  
Kansas City MO 64152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mail Solutions

Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6680

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Jane Copsey

Mailing Address P.O. Box 112

City State Zip Code  
Maitland MO 64466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallway Telephone Co.

Occupation  
owner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6654

Amount of Each Receipt this Period

42.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Linda Cozad

Mailing Address 21550 92 Hwy

City State Zip Code  
Platte City MO 64079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6790

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Nikki Parshall

Mailing Address 811 Elm Street

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6807

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

492.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Wesley Norton  
Mailing Address 1368 NW 296th

City State Zip Code  
Plattsburg MO 64477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
267.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6764

Amount of Each Receipt this Period

42.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Clark, W. Hampton  
Mailing Address 6 Antilles Dr.

City State Zip Code  
Saint Joseph MO 64506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6738

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Peggy Swearingin  
Mailing Address 29654 CR 191

City State Zip Code  
Carrollton MO 64633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6769

Amount of Each Receipt this Period

42.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Doug Summa

Mailing Address 509 Main St.

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Pharmacist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6713

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Ed Wolfe

Mailing Address PO Box 613

City State Zip Code  
Richmond MO 64085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Self Employed

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6720

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Ben Wierzbicki

Mailing Address 113 Delores St

City State Zip Code  
Excelsior Springs MO 64024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Insurance Executive

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6722

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Matt Jessee  
Mailing Address 700 13th Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bryan Cave

Occupation  
Director Federal Affairs

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6589

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Daivd Fransiak  
Mailing Address 873 Coachway

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams and Jensen

Occupation  
Vice President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6584

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Susan Hirschmann  
Mailing Address 4052 Seminary Rd

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams and Jensen

Occupation  
Partner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 5

Transaction ID: 60421.C6587

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) John Oliver, III Mailing Address PO Box 559 City State Zip Code Cape Girardeau MO 63702 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 08 / 2005 <b>Transaction ID:</b> 60421.C6592 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Marilyn Lawrence Mailing Address 28589 Lake Ave Way City State Zip Code Frontenac MN 55026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lawrence Property Mgt., Inc. Occupation Property Manager Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 11 / 16 / 2005 <b>Transaction ID:</b> 60421.C6605 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) John P. McAllister Mailing Address 326 South Carolina Ave, SE City State Zip Code Washington DC 20003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer McAllister and Walsh Occupation Governmental Relations Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 16 / 2005 <b>Transaction ID:</b> 60421.C6606 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donna M. Jester  
Mailing Address 5820 NW 96th Dr

City State Zip Code  
Pompano Beach FL 33076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6609

Amount of Each Receipt this Period

400.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James Shaum  
Mailing Address 1100 Elm St

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 60421.C6611

Amount of Each Receipt this Period

400.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Steve Irvine  
Mailing Address 21290 US HWY 59

City State Zip Code  
Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6621

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Karen Lovenduski

Mailing Address 23747 HWY P

City State Zip Code  
 Brookfield MO 64628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6691

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Neal Patterson

Mailing Address 20 E Dundee Cir

City State Zip Code  
 Belton MO 64012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cerner Corporation

Occupation  
CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6766

Amount of Each Receipt this Period

420.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Bonnie Goins

Mailing Address PO Box 8007

City State Zip Code  
 Saint Joseph MO 64508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6792

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert K. Arensberg

Mailing Address 1401 I Street NW Suite 1100

City State Zip Code  
Washington DC 20005
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gage Business ConsultingOccupation  
Government Affairs

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6822

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Julie Chlopecki

Mailing Address 1547 Evers Drive

City State Zip Code  
Mc Lean VA 22101
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Governmental Consultant

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6823

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Jim Frank

Mailing Address 1200 Hamptondale

City State Zip Code  
Winnetka IL 60093
FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wheels, Inc.Occupation  
President/CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6827

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Jim Frank

Mailing Address 1200 Hamptondale

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wheels, Inc.

Occupation  
President/CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6828

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Karen Frank

Mailing Address 1200 Hamptondale

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Simply Splendid

Occupation  
owner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6829

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

George Kilroy

Mailing Address 7110 Charles Spring Way

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHH Arval

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6834

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Jane Garvey Mattoon

Mailing Address 6344 Cavalier Corridor

City State Zip Code  
 Falls Church VA 22044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6835

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** William McKee

Mailing Address 303 Willowmere Ln

City State Zip Code  
 Ambler PA 19002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Automotive Resources

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6836

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Gary Rappeport

Mailing Address 2315 Sanders Rd

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Donlen Corporation

Occupation  
President/CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6839

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Gary L. Tepas

Mailing Address 805 W. Thorndale

City State Zip Code  
 Itasca IL 60143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emkay, Inc.

Occupation  
Chairman & CEO

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 5

Transaction ID: 60421.C6840

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Leigh Lamora

Mailing Address 501 Slaters Lane No. 110

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Governmental Relations

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6852

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Leigh Lamora

Mailing Address 501 Slaters Lane No. 110

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Governmental Relations

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6853

Amount of Each Receipt this Period

400.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.**

Full Name (Last, First, Middle Initial)

David Reid

Mailing Address 3709 NE 95th ST

City

Kansas City

State

MO

Zip Code

64156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bryan Cave

Occupation  
Partner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60421.C6860

Amount of Each Receipt this Period

400.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

40180.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 105

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

98.00

Date of Receipt

10 / 14 / 2005

Transaction ID: 60421.C6569

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Fax sent on behalf of can-  
didat

**B.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196.00

Date of Receipt

11 / 08 / 2005

Transaction ID: 60421.C6576

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Fax sent on behalf of can-  
didat

**C.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

294.00

Date of Receipt

12 / 02 / 2005

Transaction ID: 60421.C6774

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

fax sent on behalf of can-  
didat

**SUBTOTAL** of Receipts This Page (optional) .....

294.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 105

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6776

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

fax send on behalf of can-  
didat

B. Full Name (Last, First, Middle Initial)

National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6777

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

fax sent on behalf of can-  
diadt

C. Full Name (Last, First, Middle Initial)

National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 60421.C6775

Amount of Each Receipt this Period

98.00

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

fax sent on behalf of can-  
didat

SUBTOTAL of Receipts This Page (optional) .....

294.00

TOTAL This Period (last page this line number only) .....

588.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 105

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)  
Southwestern Bell Telephone Company

Mailing Address P.O. Box 940012

City State Zip Code  
Dallas TX 75394-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5920.33

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 5

Transaction ID: 60421.C6866

Amount of Each Receipt this Period

5872.54

Offsets to Operating Expe-  
nditu

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

5872.54

TOTAL This Period (last page this line number only) .....

5872.54

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 105

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement  
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2162

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

196.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
IES

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2044

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

310.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Bullfeathers of Captial Hill

Mailing Address 410 1st St SE 1

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
LUNCH MEETING W/ HOUSE MEMBER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2046

Date of Disbursement

10 / 26 / 2005

Amount of Each Disbursement this Period

25.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LUNCH MEETING W/ HO-  
USE MEMBER

**SUBTOTAL** of Disbursements This Page (optional) .....

506.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 105

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
GIFT FOR CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2045

Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

173.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFT FOR CONSTITUENT

Full Name (Last, First, Middle Initial)

## **B. U.S. House of Representatives**

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20515-

Purpose of Disbursement  
CONSTITUENT GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2048

Date of Disbursement

11 / 04 / 2005

Amount of Each Disbursement this Period

67.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CONSTITUENT GIFT

Full Name (Last, First, Middle Initial)

## **C. U.S. House of Representatives**

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20515-

Purpose of Disbursement  
CONSTITUENT GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2047

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

43.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CONSTITUENT GIFT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City  
Chillicothe

State  
MO

Zip Code  
64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1299.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

485.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISER

**SUBTOTAL** of Disbursements This Page (optional) .....

3299.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. DC Crandon Golf Course**

Mailing Address 6700 Crandon Blvd

City State Zip Code  
Key Biscayne FL 33149-

Purpose of Disbursement  
GOLF FUNDRAISIER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

466.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GOLF FUNDRAISIER

Full Name (Last, First, Middle Initial)

## **B. Stefanos Wine & Spirits**

Mailing Address 24 Crandon Blvd

City State Zip Code  
Key Biscayne FL 33149-

Purpose of Disbursement  
DRINKS FOR FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DRINKS FOR FUNDRAISER

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
Kansas City MO 64106-

Purpose of Disbursement  
FINANCE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FINANCE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement

LATE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2042

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: LATE CHARGE

Full Name (Last, First, Middle Initial)

## **B. Mail Solutions, Inc.**

Mailing Address 1441 Atlantic Ave

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement

MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2174

Date of Disbursement

/   /

Amount of Each Disbursement this Period

725.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **C. Shawn Graybill**

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement

SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2195

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

3225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** David P. Williams

Mailing Address 1554 Canterbury Lane

City State Zip Code  
Liberty MO 64068-Purpose of Disbursement  
CAMPAIGN OFFICE RENT/UTILITIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2158

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	5

Amount of Each Disbursement this Period

2979.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53CAMPAIGN OFFICE RENT/UTIL-  
ITIES

Full Name (Last, First, Middle Initial)

**B.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
San Dimas CA 91773-Purpose of Disbursement  
PAYROLL EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2186

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	5

Amount of Each Disbursement this Period

990.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

**C.** UMB Visa

Mailing Address 1010 Grand Blvd.

City State Zip Code  
Kansas City MO 64106-Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	5

Amount of Each Disbursement this Period

870.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

4839.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2024

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **C. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Hy-Vee Foods

Mailing Address 1332 H 152 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 FOOD FOR EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.01

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

**B.** Hy-Vee Foods

Mailing Address 1332 H 152 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.10

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Office Depot

Mailing Address 8501 North Evanston Avenue

City State Zip Code  
 Kansas City MO 64157-

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.77

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2027

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2026

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2028

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2030

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. The Salvation Army**

Mailing Address 4300 N.E. Parvin Road

City Kansas City State MO Zip Code 64117-

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2165

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CHARITABLE DONATION

Full Name (Last, First, Middle Initial)

## **C. National Republican Congressional Commit**

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FAX SENT ON BEHALF OF CANDIDAT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.C6774IK

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FAX SENT ON BEHA-  
LF OF CANDIDAT

**SUBTOTAL** of Disbursements This Page (optional) .....

1098.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2199

Date of Disbursement

10 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FAX SEND ON BEHALF OF CANDIDAT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.C6776IK

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FAX SEND ON BEHA-  
LF OF CANDIDAT

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2178

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2629.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
 Kansas City MO 64106-

Purpose of Disbursement  
 CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2049

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5591.61

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Ace Blue Waters Charters**

Mailing Address 401 Biscayne Blvd

City State Zip Code  
 Miami FL 33132-

Purpose of Disbursement  
 FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

882.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISER

Full Name (Last, First, Middle Initial)

## **C. Ace Blue Waters Charters**

Mailing Address 401 Biscayne Blvd

City State Zip Code  
 Miami FL 33132-

Purpose of Disbursement  
 FUNDRAISER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

231.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISER

**SUBTOTAL** of Disbursements This Page (optional) .....

5591.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Barry Point 66		<b>Transaction ID:</b> 60421.E2082 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2005</div> </div>
Mailing Address 9795 NE Barry Road		<b>Amount of Each Disbursement this Period</b> <div>19.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GAS
City Kansas City State MO Zip Code 64154-		
Purpose of Disbursement GAS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Shipping		<b>Transaction ID:</b> 60421.E2084 <b>Date of Disbursement</b> <div> <div>11</div> <div>04</div> <div>2005</div> </div>
Mailing Address PO Box 94515		<b>Amount of Each Disbursement this Period</b> <div>15.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING CHARGES
City Palatine State IL Zip Code 60094-		
Purpose of Disbursement SHIPPING CHARGES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Shipping		<b>Transaction ID:</b> 60421.E2085 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2005</div> </div>
Mailing Address PO Box 94515		<b>Amount of Each Disbursement this Period</b> <div>19.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING CHARGES
City Palatine State IL Zip Code 60094-		
Purpose of Disbursement SHIPPING CHARGES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2064

Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

20.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2060

Date of Disbursement

10 / 19 / 2005

Amount of Each Disbursement this Period

16.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2056

Date of Disbursement

10 / 16 / 2005

Amount of Each Disbursement this Period

34.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2052

Date of Disbursement

10 / 10 / 2005

Amount of Each Disbursement this Period

151.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2066

Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

3.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Signature Wine Cellars**

Mailing Address 2536 Barrington Ct

City Hayward State CA Zip Code 94545-

Purpose of Disbursement  
FUNDRAISING GIFTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2071

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

292.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FUNDRAISING GIFTS

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The UPS Store**

Mailing Address 844 S M-291 Hwy

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: COPIES

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City State Zip Code  
Chillicothe MO 64601-

Purpose of Disbursement  
CREDIT FOR AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT FOR AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City State Zip Code  
Chillicothe MO 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2072

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

385.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2069

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2073

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

385.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2068

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

770.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2074

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

770.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2080

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2079

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2075

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

133.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2076

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

159.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2077

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2067

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

507.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2058

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

159.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2078

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT FOR AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-159.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT FOR AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. USPS-Liberty**

Mailing Address 1000 Progress Dr

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2065

Date of Disbursement

/   /

Amount of Each Disbursement this Period

185.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
Kansas City MO 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2094

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3495.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. DAGge Florist**

Mailing Address 18 East Franklin

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
GIFS FOR CAMPAIGN EVENT HOST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2140

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFS FOR CAMPAIGN  
EVENT HOST

**SUBTOTAL** of Disbursements This Page (optional) .....

3495.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City  
Palatine

State  
IL

Zip Code  
60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Federal Express Shipping**

Mailing Address PO Box 94515

City  
Palatine

State  
IL

Zip Code  
60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **C. Federal Express Shipping**

Mailing Address PO Box 94515

City  
Palatine

State  
IL

Zip Code  
60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2144

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Hy-Vee Foods**

Mailing Address 1332 H 152 Highway

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2124

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City State Zip Code  
Kansas City MO 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2107

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 8501 North Evanston Avenue

City State Zip Code  
Kansas City MO 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

264.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City Rock Port State MO Zip Code 64482-

Purpose of Disbursement  
MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

Full Name (Last, First, Middle Initial)

## **C. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City Rock Port State MO Zip Code 64482-

Purpose of Disbursement  
MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2151

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City State Zip Code  
Rock Port MO 64482-

Purpose of Disbursement

MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2154

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

Full Name (Last, First, Middle Initial)

## **B. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City State Zip Code  
Rock Port MO 64482-

Purpose of Disbursement

MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2150

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

Full Name (Last, First, Middle Initial)

## **C. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City State Zip Code  
Rock Port MO 64482-

Purpose of Disbursement

MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City State Zip Code  
Rock Port MO 64482-

Purpose of Disbursement  
MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2153

Date of Disbursement

12 / 04 / 2005

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

Full Name (Last, First, Middle Initial)

## **B. Super 8 Motel**

Mailing Address I-29 & 136 HWY

City State Zip Code  
Rock Port MO 64482-

Purpose of Disbursement  
MOTEL ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2152

Date of Disbursement

12 / 04 / 2005

Amount of Each Disbursement this Period

52.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MOTEL ROOM

Full Name (Last, First, Middle Initial)

## **C. The UPS Store**

Mailing Address 844 S M-291 Hwy

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
FAX SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2126

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FAX SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2130

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2128

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

155.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2102

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

92.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2136

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2103

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

318.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2134

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2137

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2115

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2104

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2135

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2133

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

115.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2112

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

133.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2120

Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

92.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2116

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2118

Date of Disbursement

/   /

Amount of Each Disbursement this Period

399.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-614.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2109

Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2138

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2117

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

614.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2132

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

155.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2122

Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2108

Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

159.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2100

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2096

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

-770.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2095

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

363.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFAIR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2099

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

-385.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CREDIT ON AIRFAIR

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2101

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

-159.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CREDIT ON AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2139

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2106

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

-318.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

Full Name (Last, First, Middle Initial)

## **B. U.S. House of Representatives**

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20515-

Purpose of Disbursement  
GIFT FOR CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2125

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

17.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFT FOR CONSTITUENT

Full Name (Last, First, Middle Initial)

## **C. USPS-Liberty**

Mailing Address 1000 Progress Dr

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2105

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

37.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** USPS-NKC

Mailing Address 820 Armour Rd

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement  
STAMPS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2119

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: STAMPS

Full Name (Last, First, Middle Initial)

**B.** Village Flowers by Rob

Mailing Address 3841 Frederick Ave

City Saint Joseph State MO Zip Code 64506-

Purpose of Disbursement  
SYMPATHY FLOWERS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SYMPATHY FLOWERS

Full Name (Last, First, Middle Initial)

**C.** Watkins True Value

Mailing Address 1416 S. Main

City Maryville State MO Zip Code 64468-

Purpose of Disbursement  
CHRISTMAS PARTY SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2147

Date of Disbursement

/   /

Amount of Each Disbursement this Period

166.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CHRISTMAS PARTY SUP-  
PLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Y Liquor

Mailing Address 346 S. State Route 291

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 FOOD/BEVERAGE FOR EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2143

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: FOOD/BEVERAGE FOR  
 EVENT

Full Name (Last, First, Middle Initial)

**B.** Tom Brand

Mailing Address 3204 Dale Avenue

City State Zip Code  
 Saint Joseph MO 64506-

Purpose of Disbursement  
 EVENTS - SPEAKING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

EVENTS - SPEAKING FEE

Full Name (Last, First, Middle Initial)

**C.** National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
 Washington DC 20003-

Purpose of Disbursement  
 FAX SENT ON BEHALF OF CANDIADT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.C67771K

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

IN KIND: FAX SENT ON BEHA-  
 LF OF CANDIADT

**SUBTOTAL** of Disbursements This Page (optional) .....

**338.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Kurtz Rural Aviation

Mailing Address 130 Airport Lane

City  
Mound City

State  
MO

Zip Code  
64470-

Purpose of Disbursement  
TRAVEL - AVIATION FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2160

Date of Disbursement

/   /

Amount of Each Disbursement this Period

518.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AVIATION FUEL

Full Name (Last, First, Middle Initial)

**B.** National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
FAX SENT ON BEHALF OF CANDIDAT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.C6576IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FAX SENT ON BEHA-  
LF OF CANDIDAT

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PARYROLL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2201

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1037.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PARYROLL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

1654.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2200

Date of Disbursement

10 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2193

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Friendly Phones, Inc.

Mailing Address P.O. Box 147

City Bethany State MO Zip Code 64424-

Purpose of Disbursement  
COMPUTER SYSTEM LEASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2170

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

1530.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

COMPUTER SYSTEM LEASE

**SUBTOTAL** of Disbursements This Page (optional) .....

6530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2189

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2176

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

4530.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address 1210 Mexico City Ave

City State Zip Code  
 Kansas City MO 64153-

Purpose of Disbursement  
 SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2169

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.06

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
 San Dimas CA 91773-

Purpose of Disbursement  
 PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2182

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.46

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **C. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
 San Dimas CA 91773-

Purpose of Disbursement  
 PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2181

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

126.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PAYROLL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2184

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

562.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. David P. Williams**

Mailing Address 1554 Canterbury Lane

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CAMPAIGN OFFICE RENT/UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2159

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

1291.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN OFFICE RENT/UTILITIES

Full Name (Last, First, Middle Initial)

## **C. Express Flight, Inc.**

Mailing Address P.O. Box 3262, Station A

City Saint Joseph State MO Zip Code 64503-

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2166

Date of Disbursement

12 / 18 / 2005

Amount of Each Disbursement this Period

2783.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

4638.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Mail Haus**

Mailing Address 1709 Surburban Dr.

City State Zip Code  
De Pere WI 54115-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2163

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1554.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **B. The Lukens Company**

Mailing Address 2800 Shirlington Road

City State Zip Code  
Arlington VA 22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2173

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6676.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **C. CM Events**

Mailing Address 1077 Fairfax Circle West

City State Zip Code  
Boynton Beach FL 33436-

Purpose of Disbursement  
FUNDRAISING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2168

Date of Disbursement

/   /

Amount of Each Disbursement this Period

286.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FUNDRAISING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

8517.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2190

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FAX SENT ON BEHALF OF CANDIDAT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.C6775IK

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FAX SENT ON BEHA-  
LF OF CANDIDAT

Full Name (Last, First, Middle Initial)

**C.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60421.E2198

Date of Disbursement

10 / 01 / 2005

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

4598.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2194

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2179

Date of Disbursement

/   /

Amount of Each Disbursement this Period

82.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEES

Full Name (Last, First, Middle Initial)

**C.** Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2202

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2612.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Scott E. Thomas Photography

Mailing Address 6133 Blue Ridge Blvd.

City Kansas City State MO Zip Code 64113-

Purpose of Disbursement  
CAMPAIGN PHOTOS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2172

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

38.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN PHOTOS

Full Name (Last, First, Middle Initial)

**B.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2187

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2192

Date of Disbursement

12 / 29 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

4538.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San DimasState  
CAZip Code  
91773-Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2183

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	5

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

**B.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San DimasState  
CAZip Code  
91773-Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2180

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	5

Amount of Each Disbursement this Period

72.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

**C.** National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City  
WashingtonState  
DCZip Code  
20003-Purpose of Disbursement  
FAX SENT ON BEHALF OF CANDIDAT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.C65691K

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	5

Amount of Each Disbursement this Period

98.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53IN KIND: FAX SENT ON BEHA-  
LF OF CANDIDAT

SUBTOTAL of Disbursements This Page (optional) .....

201.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Michael Britt

Mailing Address 314 S. Carolina Ave, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2196

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Michael Britt

Mailing Address 314 S. Carolina Ave, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2197

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement  
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2161

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
IES

**SUBTOTAL** of Disbursements This Page (optional) .....

12057.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PAYROLL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2185

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

562.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. The Salvation Army**

Mailing Address 4300 N.E. Parvin Road

City Kansas City State MO Zip Code 64117-

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2164

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CHARITABLE DONATION

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60421.E2032

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

274.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1837.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Oceanaire Seafood Room**

Mailing Address 1201 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-

Purpose of Disbursement  
DONOR MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2034

Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

245.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DONOR MEETING

Full Name (Last, First, Middle Initial)

## **B. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City  
Knoxville

State  
TN

Zip Code  
37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2177

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

46.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2087

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

1811.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1857.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Berbiglia Wine & Spirit

Mailing Address 8300 N Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
REFRESHMENTS FOR CHRISTMAS PARTY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1419.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: REFRESHMENTS FOR  
CHRISTMAS PARTY

Full Name (Last, First, Middle Initial)

**B.** Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
GIFT FOR CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

179.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFT FOR CONSTITUENT

Full Name (Last, First, Middle Initial)

**C.** Dubliner Restaurant

Mailing Address 520 N Capitol St, NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
ENTERTAIN CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2089

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: ENTERTAIN CONSTITU-  
ENT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Dubliner Restaurant**

Mailing Address 520 N Capitol St, NW

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
ENTERTAIN CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2088

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: ENTERTAIN CONSTITUTE-  
NT

Full Name (Last, First, Middle Initial)

## **B. Southwestern Bell Telephone Company**

Mailing Address P.O. Box 940012

City  
Dallas

State  
TX

Zip Code  
75394-

Purpose of Disbursement  
OFFICE PHONE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60421.E2157

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1412.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

OFFICE PHONE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

1412.72

**TOTAL** This Period (last page this line number only) .....

80135.69

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 104 / 105

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Graves for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Boyles Motors, Inc.Nature of Debt (Purpose):  
Vehicle Lease

Mailing Address 204 N. Market Street

City State ZIP Code  
Maryville MO 64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID: 3LS60421.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Kwrt-am/kwrt-fmNature of Debt (Purpose):  
Radio Advertising

Mailing Address 1600 Radio Hill Road

City State ZIP Code  
Boonville MO 65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID: 2LS60421.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Willard DowdenNature of Debt (Purpose):  
Rent for Nodaway Co. Repu-  
bican Com

Mailing Address Route 1, Box 116

City State ZIP Code  
Burlington Junction MO 64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID: 4LS60421.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

**1) SUBTOTALS** This Period This Page (optional).....

1557.65

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Graves for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Missouri Right to Life PAC

Nature of Debt (Purpose):  
Membership Labels

Mailing Address P.O. Box 651

City	State	ZIP Code
Jefferson City	MO	65102-

Outstanding Balance Beginning This Period

1087.00

**Transaction ID:** LS60421.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

**1) SUBTOTALS** This Period This Page (optional).....

1087.00

**2) TOTALS** This Period (last page this line number only).....

2644.65

**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)